

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
L1	224	705/8.cor.	USPAT	OR	OFF	2005/05/27 10:54
L2	20	705/8.cor. and (appointment or schedul\$) and (health\$ or hospital or doctor or clinic or patient or nurse)	USPAT	OR	OFF	2005/05/27 11:00
L3	14	("5692125" "5997476" "5740800" "5758095" "5842976" "5960406" "6029138" "6275150" "6757898" "5974389" "6081786" "5471382" "5666492" "5929851").pn.	USPAT	OR	OFF	2005/05/27 11:02
L4	1	"20030110059"	US-PGPUB	OR	OFF	2005/05/27 11:02
L5	1	"20020062229"	US-PGPUB	OR	OFF	2005/05/27 11:02
L6	1	"20020188478"	US-PGPUB	OR	OFF	2005/05/27 11:03
L7	1	"20030061072"	US-PGPUB	OR	OFF	2005/05/27 11:03
L14	22	self adj schedul\$	EPO; JPO; DERWENT	OR	OFF	2005/05/27 11:07
S1	4	("6283761" "6345260" "5911687" "5995938").pn.	USPAT	OR	OFF	2005/05/27 10:54
S2	144	rules and appointment and (medical or doctor or hospital or patient or copay) and schedul\$	USPAT	OR	ON	2005/04/20 14:55
S3	129	S2 and (verified or verify or approv\$ or accept\$)	USPAT	OR	ON	2005/03/18 09:34
S4	13	("4817018" "4819191" "5050077" "5124912" "5197000" "5301105" "5748907" "5764923" "5778346" "5848395" "5867822" "5899979").PN. OR ("6345260").URPN.	US-PGPUB; USPAT; USOCR	OR	OFF	2005/03/18 09:41
S5	11	("5974389" "6081786" "5740800" "5758095" "5842976" "5960406" "6029138" "6275150" "6757898" "5692125" "5997476").pn.	USPAT	OR	OFF	2005/03/23 15:05
S6	9	S5 and (schedul\$ or appointment)	USPAT	OR	OFF	2005/03/23 15:06
S7	54	(patient or insurance or referral or provider of history or copay) with (schedul\$ near appointment)	USPAT	OR	OFF	2005/04/01 14:33
S8	86	self adj schedul\$	USPAT	OR	OFF	2005/05/27 11:07
S9	6	S8 and (medical or doctor or patient)	USPAT	OR	OFF	2005/04/01 14:56
S10	129	authoriz\$ and appointment and (medical or doctor or hospital or patient or copay) and schedul\$	USPAT	OR	ON	2005/04/01 15:01
S11	2	authoriz\$ with appointment with (medical or doctor or hospital or patient or copay) with schedul\$	USPAT	OR	ON	2005/04/04 09:40
S12	0	appointment near rule	USPAT	OR	OFF	2005/04/04 09:32

S13	0	appointment near rules	USPAT	OR	OFF	2005/04/04 09:32
S14	4	(authoriz\$ or verif\$) with appointment with (medical or doctor or hospital or patient or copay) with schedul\$	USPAT	OR	ON	2005/04/04 09:40
S15	86	self adj schedul\$	USPAT	OR	OFF	2005/04/20 14:52
S16	42	S15 and (authoriz\$ or check or validat\$)	USPAT	OR	OFF	2005/04/20 14:54
S17	336	(authoriz\$ or check or validat\$) and appointment and (medical or doctor or hospital or patient or copay) and schedul\$	USPAT	OR	ON	2005/04/20 14:55
S18	7	(authoriz\$ or check or validat\$) with appointment with (medical or doctor or hospital or patient or copay) with schedul\$	USPAT	OR	ON	2005/04/20 15:34
S19	12	("5471382" "5666492" "5929851" "5974389" "6081786" "5740800" "5758095" "5842976" "5960406" "6029138" "6275150" "6757898").pn.	USPAT	OR	ON	2005/04/20 15:35
S20	67	schedul\$ and (hierarch\$ near rule\$)	USPAT	OR	OFF	2005/05/26 14:20
S21	0	schedul\$ with (hierarch\$ near rule\$)	USPAT	OR	OFF	2005/05/26 14:19
S22	67	(schedul\$ or appointment) and (hierarch\$ near rule\$)	USPAT	OR	OFF	2005/05/26 14:20
S23	4	(schedul\$ and appointment) and (hierarch\$ near rule\$)	USPAT	OR	OFF	2005/05/26 14:20

JS 5/27/05

Ref	Items	Index-term
E1	2	AU=RANA, PRADUMNA B
E2	8	AU=RANA, PRADUMNA B.
E3	0	*AU=RANA, S
E4	1	AU=RANA, S P
E5	6	AU=RANA, S. P.
E6	2	AU=RANA, S.P.
E7	1	AU=RANA, S.V.S.
E8	1	AU=RANA, T M
E9	1	AU=RANA, VIRENDRA
E10	3	AU=RANA, ZARAR
E11	1	AU=RANAAN, J.
E12	1	AU=RANAAN, JOSEPH

Enter P or PAGE for more

?

8/5/27/05

Ref	Items	Index-term
E1	1	AU=DVORAK, BRUCE I
E2	1	AU=DVORAK, BRUCE I.
E3	0	*AU=DVORAK, C
E4	1	AU=DVORAK, CARRIE
E5	2	AU=DVORAK, CHARLES
E6	5	AU=DVORAK, D.F.
E7	1	AU=DVORAK, DANIEL
E8	8	AU=DVORAK, DONALD F.
E9	8	AU=DVORAK, J.
E10	44	AU=DVORAK, J.C.
E11	1	AU=DVORAK, JEFFREY A.
E12	1	AU=DVORAK, JOAN

Enter P or PAGE for more

?

JG 5-25¹⁰

Set	Items	Description
S1	0	AU=DVORAK, C
S2	36	(MEDICAL OR HEALTHCARE OR DOCTOR OR CLINIC OR PATIENT OR HOSPITAL) (S) (SCHEDUL?) (S) APPOINTMENT (S) RULE?
S3	11	S2 NOT PY>2000
S4	11	RD S3 (unique items)
?		

8/5-29-05

T S4/3, K/ALL

4/3,K/1 (Item 1 from file: 15)
DIALOG(R) File 15:ABI/Inform(R)
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02261290 8965269
Doonesbury's right: We can stay on schedule
Roy, Patricia J
Medical Economics v72n22 PP: 76 Nov 27, 1995
ISSN: 0025-7206 JRNLD CODE: MDE

ABSTRACT: In response to a Garry Trudeau cartoon in which a disgruntled **patient** complained about the time she had spent waiting for a **doctor**, a physician notes that a **doctor** can keep a **schedule** if it is planned carefully, leaving time for sick patients. Some suggestions for keeping a
...

...the day on time. 2. Give oneself an incentive to keep up. 3. Tailor the **appointment** to the problem. 4. Know thy **patient**. 5. Make patients play by the **rules**. 6. Keep staff happy. 7. Do not take on more patients than can be handled.

4/3,K/2 (Item 2 from file: 15)
DIALOG(R) File 15:ABI/Inform(R)
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01896092 05-47084
Double blind lawmaking and other comments on formalism in the tax law
Levmore, Saul
University of Chicago Law Review v66n3 PP: 915-921 Summer 1999
ISSN: 0041-9494 JRNLD CODE: UCL
WORD COUNT: 2745

...TEXT: of delay, the airline would roll up a spare aircraft or would avoid delay by **scheduling** flights with unusually large margins of safety in terms of turnaround time. At present, no...

...would pay for it-and there is certainly no reason to think that the default **rule** in contracts should amount to an assumption that passengers value their time exactly as the...

...passengers' timely presence. There may of course be some gain in arguing for such a **rule**. A **doctor** who announces that a missed appointment will cost the **patient** one hundred dollars might be amused or fooled into thinking it only fair or legal to refund that amount to the **patient** if the **doctor** is called elsewhere and does not materialize as promised. But most contracting parties recognize that unilaterally fashioned **rules** are just that. One-way **rules** are not normally suspect, and may not even be surprising.

Similarly, some taxpayers might well...

4/3,K/3 (Item 3 from file: 15)
DIALOG(R) File 15:ABI/Inform(R)
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01747799 03-98789
Block appointment systems for outpatient clinics with multiple doctors
Liu, L; Liu, X
Journal of the Operational Research Society v49n12 PP: 1254-1259 Dec 1998

ISSN: 0160-5682 JRNL CODE: OQT

ABSTRACT: Studies of **appointment** systems have to some extent led to a wide acceptance of individual or block **appointment** schemes in private practice and outpatient clinics. Most of the studies assume there is one punctual **doctor** in a **clinic**, which is often not the case in reality.

Motivated by observations of actual **clinic** operations, a block **appointment** system is developed for **clinic** operations with multiple random arriving doctors. Through extensive simulation studies, properties shared by the best **appointment** **schedules** are identified. With these properties a scheme is designed based on simulation search that provides the optimal **schedule** for a given **scheduling** environment in an acceptable computation time. A simple (suboptimal) **appointment** rule is also proposed. . . .

4/3,K/4 (Item 4 from file: 15)
DIALOG(R)File 15:ABI/Inform(R)
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01276648 99-26044
The engine of choice
Beckham, J Daniel
Healthcare Forum Journal v39n4 PP: 58-64 Jul/Aug 1996
ISSN: 0899-9287 JRNL CODE: HPF
WORD COUNT: 3730

...TEXT: these QualMed nurses will not hesitate to bypass a primary-care physician and direct a patient directly to a specialist, scheduling the appointment while the patient is on the line. The nurse will be linked not only to clinical pathways designed...

...the HMO's complete provider database. And QualMed providers will be granted access to the patient's complete medical record (presumably on the condition they play by QualMed's rules).

Oxford Health Plan, Darien, Connecticut, is continuing to develop a similar system. In addition to...

4/3,K/5 (Item 5 from file: 15)
DIALOG(R)File 15:ABI/Inform(R)
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01077367 97-26761
Introducing variable-interval appointment scheduling rules in service systems
Ho, Chrwan-jyh; Lau, Hon-Shiang; Li, Jing
International Journal of Operations & Production Management v15n6 PP:
59-68 1995
ISSN: 0144-3577 JRNL CODE: IJO
WORD COUNT: 3486

...TEXT: the conflicting needs of minimizing patients' and facility's idle time.

In contrast to individual **appointment** **rules**, White and Pike[8] and Soriano [9], among others, have studied "block **appointment** **rules**", which divide the session into m "blocks" and **schedule** n = N/m patients to arrive at the beginning of each block. Soriano[9] derived...

...cost functions for the cases of n = 1 and 2 and recommended that patients be **scheduled** in blocks of two. White and Pike[8] arrived at a similar conclusion using simulation, but they also considered the effect of

patients' and medical personnel's punctuality. Fries and Marathe [10] considered a more sophisticated block appointment rule in which the number of patients n sub j scheduled to arrive at the beginning of each block j need not be a constant for...

4/3,K/6 (Item 6 from file: 15)
 DIALOG(R) File 15:ABI/Inform(R)
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00660465 93-09686

Minimizing total cost in scheduling outpatient appointments
 Ho, Chrwan-Jyh; Lau, Hon-Shiang
 Management Science v38n12 PP: 1750-1764 Dec 1992
 ISSN: 0025-1909 JRNL CODE: MCI

(ABS only)

ABSTRACT: Various rules for scheduling appointments for medical clinic outpatients are considered and their ability to minimize a weighted sum of medical personnel's and patients' idle-time costs is investigated. It is shown that the idle times incurred by any given rule are affected by 3 environmental factors: 1. the probability of no-show, 2. the coefficient...

...of service times, and 3. the number of patients per clinical session. Theoretically, an appropriate scheduling rule can be identified only if the values of these parameters are known, along with the ratio between the medical personnel's and patients' idle-time costs. Under environments characterized by 27 combinations of the 3 factors, the performance of 9 scheduling rules are evaluated using simulation. A simple procedure for identifying the best scheduling rule for given environmental-parameter values is presented. The simple Bailey-Welch individual- appointment rules are shown to be surprisingly robust. ...

4/3,K/7 (Item 7 from file: 15)
 DIALOG(R) File 15:ABI/Inform(R)
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00009617 73-04194

A SYSTEMS ANALYSIS OF A UNIVERSITY-HEALTH-SERVICE OUTPATIENT CLINIC
 RISING, EDWARD J.; ET AL.
 OPERATIONS RESEARCH V21 N5 PP: 1030-1047 SEPT/ OCT 73
 ISSN: 0030-364X JRNL CODE: OPR

...**ABSTRACT:** USE OF MATHEMATICAL-COMPUTER MODELS IN DEVELOPING OPERATING POLICIES FOR A UNIVERSITY-HEALTH SERVICE OUTPATIENT CLINIC . BASED ON RESULTS PREDICTED BY THE MODELS, ACTUAL POLICY CHANGES WERE MADE IN THE SYSTEM...

...WERE REALIZED IN THE CHANGED SYSTEM. AN ANALYSIS OF DAILY ARRIVAL PATTERNS WERE USED TO SCHEDULE MORE APPOINTMENT PATIENTS DURING PERIODS OF LOW WALK-IN DEMAND IN ORDER TO SMOOTH THE OVERALL DAILY ARRIVALS. A MONTE CARLO SIMULATION MODEL SHOWED THE EFFECTS OF ALTERNATIVE DECISION RULES FOR SCHEDULING APPOINTMENT PERIODS DURING THE DAY TO INCREASE PATIENT THROUGHPUT AND PHYSICIAN UTILIZATION.

4/3,K/8 (Item 1 from file: 148)
 DIALOG(R) File 148:Gale Group Trade & Industry DB
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08934444 SUPPLIER NUMBER: 18603955 (USE FORMAT 7 OR 9 FOR FULL TEXT)
 How health plans are moving toward integration.
 Medical Economics, v73, n13, p149(3)

July 15, 1996

ISSN: 0025-7206

LANGUAGE: English

RECORD TYPE: Fulltext; Abstract

WORD COUNT: 1611 LINE COUNT: 00134

... of alcoholism. "The literature shows that alcoholism permeates the typical primary-care practitioner's daily appointment schedule , " she says. "To adequately manage a patient 's blood pressure, sleep disturbance, or peptic ulcer, the doctor needs to rule out or address the underlying alcoholism. Sure, FPs are busy. But one reason for this may be that the medical problems associated with alcoholism get worse if the underlying disease isn't attended to."

Currently...

4/3,K/9 (Item 2 from file: 148)

DIALOG(R)File 148:Gale Group Trade & Industry DB

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08883380 SUPPLIER NUMBER: 18592743

Scheduling outpatient appointments in a dynamic environment.

Klassen, Kenneth J.; Rohleder, Thomas R.

Journal of Operations Management, v14, n2, p83(19)

June, 1996

ISSN: 0272-6963 LANGUAGE: English RECORD TYPE: Abstract

ABSTRACT: A study was conducted to compare the different client scheduling rules of medical service provider to minimize the waiting time of clients and the idle time of the service provider. A simulation model of a dynamic medical outpatient environment was structured using information collected through interviews and previous research. It was discovered that the 'best' decisions are based on the goals of the clinic and its environment. Nevertheless, good or best results can be achieved if clients having significant service time standard deviations are scheduled toward the end of the appointment schedule .

4/3,K/10 (Item 3 from file: 148)

DIALOG(R)File 148:Gale Group Trade & Industry DB

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06518275 SUPPLIER NUMBER: 13986812 (USE FORMAT 7 OR 9 FOR FULL TEXT)

My new appointment policy gave me back my practice.

Buchholz, Carole

Medical Economics, v70, n11, p177(3)

June 14, 1993

ISSN: 0025-7206 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT; ABSTRACT

WORD COUNT: 1077 LINE COUNT: 00080

ABSTRACT: Physicians can maintain patient control by establishing appointment rules for their practices. Patients must have scheduled appointments, for instance, instead of dropping in whenever it is convenient. Appointments for school-aged...

4/3,K/11 (Item 4 from file: 148)

DIALOG(R)File 148:Gale Group Trade & Industry DB

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06157497 SUPPLIER NUMBER: 12756565 (USE FORMAT 7 OR 9 FOR FULL TEXT)

What I've learned from kids (and other patients).

Matteson, A. Reese

Medical Economics, v69, n17, p216(3)

Sept 7, 1992

ISSN: 0025-7206 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT; ABSTRACT

WORD COUNT: 1613 LINE COUNT: 00115

... appointment for the next day.

In general, our policy is that the first time a **patient** walks in unscheduled, my front-desk staff will try to work him in, but also...

...that we're usually booked and normally can't do this. The second time the **patient** comes in without an **appointment**, we won't see him, even if there's room on the **schedule**. The **patient** may be upset, but not nearly as upset as he'd be if we let him drop in three or four times, then abruptly change the **rules** and refuse. Once a **patient** gets used to coming in without an **appointment**, he'll consider himself special and never go through the **scheduling** desk again. Of course, there are real emergencies, and these patients we see without an **appointment** -but we're the ones who decide whether it's an emergency.

Professional manners. It...

?